#### GOVERNMENT OF THE DISTRICT OF COLUMBIA Department of Health

Health Regulation & Licensing Administration



SENT via FACSIMILE and US MAIL

January 15, 2008

Ron Raghunandan CEO/CFO Individual Development, Inc. 1420 N Street, NW Suite 9 Washington, DC 20005

RE: 6520 First Street, NW

Dear Mr. Raghunandan:

You will find enclosed a Statement of Deficiencies reports for federal certification and licensure. The reports enumerate deficiencies found as a result of the survey conducted on **December 20**, **2007.** You are required to respond to each deficiency. Although a reasonable period of time may be allowed for actual correction of these deficiencies, it is imperative that your plan be signed with a specific <u>date</u> for anticipated completion and returned to this office prior to **January 25**, **2008**. Since these reports are subject to public disclosure, it is necessary that the responses be indicated on the original forms (and not on an attachment, except if submitting a copy of a policy change). NOTE: "Corrected" is not an accepted reply. The plan <u>MUST</u> also include the following.

- What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;
- How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken;
- What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and
- How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be implemented.

<u>PLEASE NOTE</u>: Plans of Correction not adhering to the above requirements will not be considered acceptable. Also, failure to submit acceptable plans, within the specified time frame, MAY result in the loss of Medicaid reimbursement.

If you have any questions or concerns regarding the above, please contact Ms. Sheila Pannell, Supervisory Health Service Program Specialist, Intermediate Care Facilities Division on (202) 442-5888.

Sincerely,

Patricia W. VanBuren

Program Manager

**Enclosures** 

cc: Medical Assistance Administration

Department on Disability Services

PRINTED: 01/14/2008 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIP	LE CONSTRUCTION	(X3) DATE S COMPLI		
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W 120	December 18, 200 The survey was init survey process. A clients were selected females with various. The findings of this observations at the programs, interview the group home an clinical and administ facility's unusual into 483.410(d)(3) SER OUTSIDE SOURCE	VICES PROVIDED WITH ES sure that outside services	W 120				
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Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

NAME OF PROVIDER OR SUPPLIER  1D 1  SIMMARY STATEMENT OF DEFICIENCIES REFERT A  (A) 10  SUMMARY STATEMENT OF DEFICIENCIES REFERT A  TAG  SUMMARY STATEMENT OF DEFICIENCIES REFERT A  TAG  SUMMARY STATEMENT OF DEFICIENCIES REFERT A  RESULATORY OR USE DEBNIFTING INFORMATION)  W 120  Continued From page 1 approved. After the DDS Case Manager approves the ISP, she would then forward the ISP to the day program.  2. Review of Client #2's clinical records from the day program on December 18, 2007 at 11:20 AM revealed inclients of finger bending, screaming and skin pinching, Interview with the day program staff revealed that the client displays maladaptive behaviors of finger bending. Further interview revealed that the day program staff were baselining these maladaptive behaviors. The baseline behaviors began documentation since June 2006. According to the DDS Case Manager on December 20, 2007, she was not aware that the day program had not developed and implemented the Behavior Support Plan as recommended at the annual ISP meeting dated November 7, 2007.  W 124  48. 420(a)(2) PROTECTION OF CLIENTS RIGHTS  The facility must ensure the rights of all clients. Therefore the facility must inform each client, parent (if the client is a minor), or legal guardian, of the client's medical condition, developmental and behavioral study attention risks of treatment, and of the right to refuse treatment.  This STANDARD is not met as evidenced by: Based on observation, staff interview, and record review, the facility failed to establish a system that would ensure clients that were informed of their risks and benefits of their medication for one of the three clients in the sample. (Client #2)  The findings include:	AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  (A. BUILDING			(X3) DATE SURVEY COMPLETED		
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Interview with the Licensed Practical Nurse LPN) at approximately 6:40 PM revealed that lient was prescribed these medications for ehavioral management. Review of Client #2's urrent physician's orders confirmed that the lient was prescribed the aforementioned nedication. Further interview with the LPN avealed that the medications were incorporated not the client's Behavior Support Plan (BSP) atted December 1, 2007 to address targeted ehaviors that included self-injurious behaviors finger bending), screaming and trichotillomania.  Interview with the LPN during the entrance conference on December 18, 2007 at 9:15 AM evealed that Client #2's cousin is very involved in its life but is not the client's legal guardians. Review of the client's, psychological assessment in December 20, 2007 revealed that the client oes not have the ability to make decisions on his ehalf regarding habilitation planning, residential lacement, finances, treatment and medical matters. 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	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUI		IPLE CONSTRUCTION  NG	(X3) DATE SURVEY COMPLETED	
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W 148	changes in the clie	n of any significant incidents, or ent's condition including, but not illness, accident, death, abuse,	W	148			
	Based on interview failed to notify pare	is not met as evidenced by: v and record review, the facility ents or guardians of significant if the three clients included in hts #2)					
	The findings include	de:					
	and investigations approximately 9:3 the facility failed to	lity's unusual incident reports on December 18, 2007 at 5 AM, revealed evidence that o notify family members e following significant incidents:					
	local emergency re	07, Client #2 was taken to the com for shortness of breath. mitted and discharged on May					
	discovered a "red left heel during ev	2007, the direct care staff and dark spot" on Client #2's ening shower. The nurse nt and there were no distress					
W 149	the local emergen The client was add February 27, 2007	2, 2007, Client #2 was taken to cy room for shortness of breath. mitted and discharged on 7. AFF TREATMENT OF	w	149	9		
	The facility must o	levelop and implement written					
	i contract of the contract of				The state of the s		1

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUI		PLE CONSTRUCTION  G	(X3) DATE SURVEY COMPLETED		
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W 149	policies and proced	_	W ·	149			
	Based on interview failed to implement	is not met as evidenced by:  y and record review, the facility t or establish a policy to report alth changes to the State t by 22 DCMR 35.					
	The findings includ	e:					
	2007 beginning at ensure that all eme	ent reports on December 18, 9:35 AM, the facility failed to ergency room visits were partment of Health as evidence			•		
	local emergency ro	07, Client #2 was taken to the com for shortness of breath. nitted and discharged on May					
W 153	the local emergend The client was adm February 27, 2007.	e, 2007, Client #2 was taken to by room for shortness of breath. nitted and discharged on FF TREATMENT OF	W	153		,	·
	mistreatment, negli injuries of unknowr immediately to the	nsure that all allegations of ect or abuse, as well as n source, are reported administrator or to other nce with State law through lures.					
	This STANDARD	is not met as evidenced by:					

AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/GLIA IDENTIFICATION NUMBER:		(X2) MI		PLE CONSTRUCTION  3	(X3) DATE SURVEY COMPLETED		
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W 153	Based on interview failed to ensure tha including injuries of immediately to the officials according to Chapter 35, Section	and record review, the facility that all unusual incidents frunknown origin were reported administrator and other to district law (22 DCMR, in 3519.10) one of the three the sample. (Client #2)	<b>W</b> 1	53			
	2007 beginning at incidents had not be Agency as required a. On April 11, 200	ent reports on December 18, 9:35 AM revealed the following een reported to the State					
	2, 2007. b. On March 17, 20 discovered a "red a left heel during eve	nitted and discharged on May 007, the direct care staff and dark spot" on Client #2's ning shower. The nurse and there were no distress					
W 192	the local emergence. The client was adm February 27, 2007. 483.430(e)(2) STAI	FF TRAINING PROGRAM  o work with clients, training and competencies directed	<b>W</b> 1	92			
		s not met as evidenced by: ions, staff interview and record		٠			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) N	IULTIF	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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W 192	Continued From pa	age 6	W	192			
	review, the facility the adaptive equipment and feeding protoc	failed to effectively implement at during the medication passure of the sample. (Clients #1, #2 and		192			
	The findings includ	e:					,
		o implement feeding protocols clients in the sample. (Clients					
	PM, Client #1 was care staff. The dire feeding the client of meal. The client of Feeding Protocol dinstructed the direct	18, 2007 at approximately 5:10 observed being fed by direct ect care staff interchangable ood and liquids during the oughed during the meal. The lated September 12, 2007 et care staff, "Do not offer er meal completion."			•		
	observation, Client meal and after the direct care staff ga included water and care staff indicated of her liquids at on- liquids were provid her meal. Review dated November 4	18, 2007 during the dinner #2 was observed receiving her client completed her meal, the ve the client her liquids which I juice. Interview with the direct I that the client, Consumes all e time," and therefore her ed after the client completions of the client's Feeding Protocol, 2007 required the staff to beverage between bites and					
		rse failed to use the aptive equipment for Client #3 be following:					
	During the dinner of	observation on December 18,		•			

IND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUII		G	COMPLETED		
•		09G130	B. WIN	iG_		12/2	0/2007
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W 192	2007 at 5:10 PM, Cdrink her beverage observation conductively 7:19 PM, the nurse the client. After the nurse gave the client cup. After all of the plastic cup, the and the nurse gave Review of the client (ISP) dated March client was required consuming liquids. 483.440(c)(3)(i) INIT The comprehensividentify the present and where possible This STANDARD Based on observative review, the facility that is sessments to deproblems were consumer to severe consumers to deproblems were consumers.	Client #3 used a spout cup to During the medication pass cted on December 18, 2007 at a administered medications to e client took the medication, the ent water in a regular plastic e water was consumed from client asked for more water her water in her spout cup. It's Individual Support Plan 7, 2007, revealed that the to use a spout cup for DIVIDUAL PROGRAM PLAN e functional assessment must ting problems and disabilities e, their causes.  Is not met as evidenced by: It's not met as	W 1				
	determine her need medication program  On December 18, 2 medication nurse volument #2's medication throughout the sun 2007, Client #2 wa	d to assess Client #2 to d to participate in a self m.  2007 at 6:15 PM, the vas observed adminstering tions. During observations vey from December 18 - 20, s observed to pour water with and feeding herself. Interview					

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NAME OF P	ROVIDER OR SUPPLIER			652	EET ADDRESS, CITY, STATE, ZIP CODE 20 1ST STREET, NW ASHINGTON, DC 20012		
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W 212	with the licensed p client did not partic training program. revealed no self m  2. The facility faile medication assess clients capabilities  During the medication assess clients capabilities  During the medication assess clients capabilities  During the medication assess client #3 was administed on on Discourable to the follow administered via Gracility's nurse on I that the physician is receive her medicated them, the the G-tube. There had been re-assess had the client's selupdated to reflect the medications per m 483.440(c)(6)(vi) II	ractical nurse indicated that the sipate in a self medication Review of the medical record edication assessment.  If to ensure that the self ment accurately describes the as evidenced below:  Ition pass observation becember 18, 2007, at 7:19 PM, inistered her medication by dinner observation, Client #3 out assisitance and without any of aspiration. Review of the sessment dated March 6, 2007 ving: "all meds to be intube." Interview with the December 18, 2007 revealed indicated that the client could ations by mouth but if she medication could be given via was no evidence that the client issed by the nursing staff nor f-medication assessment been the clients ability to accept her outh.  NDIVIDUAL PROGRAM PLAN gram plan must include		212			
	Based on observat failed to implement opportunity for clie	is not met as evidenced by: tion and interview, the facility t a system that provided an nts' choices and self ne of three clients in the		,			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIP	LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		. 09G130	B. WING		12/2	20/2007
NAME OF P	ROVIDER OR SUPPLIER		65	EET ADDRESS, CITY, STATE, ZIP C 20 1ST STREET, NW ASHINGTON, DC 20012	ODE	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES LY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
W 247	Sample (Client #3) The finding include On December 18, informed Client #3 dinner menu. Clie the intended food like for dinner. The cheeseburger, ma the pork ribs and of On the next day, I prepared Client #3 identical food item dinner. (White Ca macaroni salad). #3 a choice of who observation was be Qualified Mental F (QMRP) and the F indicated that the cheeseburgers. T times and that the items to accommodislikes. The QM indicated that Clie assessed by the r the client's preference. Also ther bnutritionist wasar frequency or the client's or the client's frequency or the client's	es:  2007, the direct care staff what food items were on the ent #3 expressed her dislike for and indicated what she would e staff prepared White Castle locaroni salad in substitution for	W 247	DEFICIENCY)		
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	As soon as the informulated a client each client must retreatment program	terdisciplinary team has tt's individual program plan, receive a continuous active n consisting of needed services in sufficient number	2.10			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	IPLE CONSTRUCTION	(X3) DATE SI COMPLE	
		09G130	B. WING_		12/2	0/2007
NAME OF P	ROVIDER OR SUPPLIER		6	REET ADDRESS, CITY, STATE, ZIP C 520 1ST STREET, NW VASHINGTON, DC 20012		0/2001
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
W 249	Continued From pa and frequency to su objectives identified plan.	ge 10 Ipport the achievement of the I in the individual program	W 249			
	Based on observati verification, the faci	eatment for one of the three				
	The findings include	e:				
	18, 2007 at 9:15 AM Nurse (LPN) reveal program, part time Fridays). On Decer PM and 6:00 PM, th factility two times. ( 9:00 AM through 1:0 observed in her bed	nce conference on December II with the Licensed Practical ed that Client #2 attends day (Monday, Wednesday and mber 18, 2007 between 4:00 ne cli3ent walked aroung the On December 20, 2007 from 00 PM, Client #2 was droom (in the bed or ating in active treatment of vities.				
	19, 2007 at approxi- that the client had a endurance. Review Program Plan (IPP) revealed an objectiv will ambulate two tri- house every hour be- ongoing basis. The facility implemented as indicated.	irect care staff on December mately 11:00 AM indicated walking program to increase of the client's Individual dated November 7, 2007 we which stated, "[the client] ps around the interior of the etween 7 AM - 8 PM on an are was no evidence that the I Client #2's walking program B, 2007 at 5:20 PM, after	٠.			
	Z. On December 18	o, ∠υυ/ at 5:20 PM, aπer				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		09G130	B. WING		12/2	20/2007
NAME OF P	ROVIDER OR SUPPLIER		65	EET ADDRESS, CITY, STATE, ZIP C 120 1ST STREET, NW ASHINGTON, DC 20012		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
W 249	Client #2 completed was observed to refrom the table and direct care staff end staff wiped the dining with the direct care enjoyed assisting the client will clear dinner on 80% of the six consecutive money According to the day of collecting plate a kitchen, collecting and trashing the pastaff did not encount the steps to complete the steps to complet	d her dinner meal, the client move her dinner plate and cup put on the kitchen counter with couragement. The direct care ng room table down. Interview staff indicated that the client he staff. Review of the client's er 7, 2007 revealed a program ted, "Given verbal directives, in her areas of the table after ne trials recorded per month for inths by November 2008". It is sheet, the steps consisted and utensils, taking them to paper towels, wiping the table aper towel. The direct care age the client to complete all ete the task.  8, 2007 at approximately 4:30 staff was observed preparing sted of baked beans, coleslaw M, Client #2 was escorted by to assist with dinner ein the kitchen, the client estaff with pouring water into irect care staff indicated that to assist with dinner ng salad). Review of the ovember 7, 2007 revealed a which stated, "Given verbal nt] will assist by preparing	W 249			
	vegetable salad dur trials recorded per r month by Novembe with the the direct of	nt] will assist by preparing ring dinner meal on 80% of the month for six consecutive r 2008". Further interview are staff indicated that when a le menu, the client would "just"				

	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					BURVEY ETED	
		09G130	B. WIN	NG		12/:	20/2007
NAME OF P	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE 6520 1ST STREET, NW WASHINGTON, DC 20012				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)		ID PROVIDER'S PLAN OF CO PREFIX (EACH CORRECTIVE ACTION TAG CROSS-REFERENCED TO THE DEFICIENCY)		SHOULD BE	(X5) COMPLETION DATE
W 249	data sheet indicate should be implemed per week (Monday evidence that the forogram as indicated)	en. It should be noted that the ed that the program objective ent and documented five times r - Friday). There was no facility implemented Client #2's ted.	W 2				
W 255	CHANGE  The individual progleast by the qualific professional and rebut not limited to successfully comp	gram plan must be reviewed at ed mental retardation evised as necessary, including, ituations in which the client has leted an objective or objectives dividual program plan.	W2	255			
	Based on observa record review, the Professional (QMF the Individual Prog had successfully c	is not met as evidenced by: tions, staff interviews and Qualified Mental Retardation RP) failed to review and revise gram Plan (IPP) once the client completed an objective identified of the three clients in the					
	The finding include The facility's QMR program objectives	P failed to revise Client #1's			·		,
	reviewed on Decer 1:30 PM. The clies which stated, "Give [the client] will active device) in respons per session for three	ted march 7, 2007 was mber 19, 2007 at approximately nt had a program objective en hand over hand assistance, vate a tape recorded (low teche to query with 70% accuracy ee consecutive months as e treatment documentation.					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUIL		LE CONSTRUCTION	(X3) DATE SU COMPLE	
		09G130	B. WIN	G		12/20	)/2007
NAME OF P	ROVIDER OR SUPPLIER			652	ET ADDRESS, CITY, STATE, ZIP CODE 20 1ST STREET, NW ASHINGTON, DC 20012		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
W 255 W 262	Record verification that the client achie July 2007.	age 13 of the data sheets indicated eved the established criteria in	W 2				·
	monitor individual (inappropriate beha	ould review, approve, and programs designed to manage vior and other programs that, a committee, involve risks to d rights.					
	Client #2's seatbeli Based on observat review, the facility's (HRC) failed to rev	is not met as evidenced by: t fastening in the rear. tion, staff interview, and record to Human Rights Committee fiew and approve the use of es, for one of the three clients ent #2)					
	revealed that the c to manage behavious physician orders a	og the medication December 18, 2007 at 6:15 PM lient received Zyprexa 15 mg ors. Review of the current lso indicated that the client mg once a day as well for the					
	address targeted to self-injurious beha trichotillomania. The psychotropic media	dated December 1, 2007 ehavior of screaming, vior (finger bending) and ne BSP incorporated cations to include Zyprexa and convulsant), however did not					

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		IPLE CONSTRUCTION  IG	COMPLE	
		09G130	B. WI	NG _		12/20	)/2007
NAME OF P	ROVIDER OR SUPPLIER			•	REET ADDRESS, CITY, STATE, ZIP CODE 5520 1ST STREET, NW WASHINGTON, DC 20012	PE .	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
W 262	Continued From pa	age 14	W	262			
W 263	2007 revealed that and approved by the psychotropic medibehavior interventic client's psychotrop 483.440(f)(3)(ii) PICHANGE  The committee share conducted only	c minutes on December 20, it the client's BSP was review the HRC, however Revia cation was not approved as a on. Revia was added to the ic regime on May 4, 2007. ROGRAM MONITORING & could insure that these programs with the written informed int, parents (if the client is a ardian.	W	263			
	Based on observa review, the facility client's behavior in the use of behavior conducted with the the client, parents guardian for one coample. (Client #2)						
W 331	to the use of restri Client #2's Behavi [See W124] 483.460(c) NURS The facility must p	o obtain informed consent prior ctive measures as described in or Support Plan and sedation.	w	331	1	,	
k.	This STANDARD	is not met as evidenced by:					

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE S COMPLI	
		09G130	B. WING	<u> </u>	12/2	20/2007
NAME OF P	ROVIDER OR SUPPLIER		652	ET ADDRESS, CITY, STATE, ZIP 10 1ST STREET, NW ASHINGTON, DC 20012		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	(X5) COMPLETION DATE	
W 331	review, the facility to services in accorda	tion, interview and record failed to ensure nursing ance with client needs, for one residing in the sample. (Client	W 331			
	The facility's nu Client #3's self me	rsing staff failed to ensure that dication assessment accurately ts capabilities as evidenced				
	conducted on Decc Client #3 received Review of the Self March 6, 2007 indi following: "all med G-tube." Interview December 20, 200 indicated that the c medications by mo them then the med G-tube, however the client had been re- nor had the client's	tion pass observation ember 18, 2007 at 7:19 PM, her medication by mouth. Medication Assessment dated cated that the client the is to be administered via with the facility's nurse on 7 revealed that the physician client can receive her buth and that if she refused dication could be given via the nere was no evidence that the cassessed by the nursing staff is self-medication assessment effect the clients ability to accept the remouth.				
W 369	recommended ada medication adminis W192] 483.460(k)(2) DRU The system for dru that all drugs, inclu-	arse failed to use the aptive equipment during the stration for Client #3. [See  JG ADMINISTRATION  ag administration must assure ading those that are are administered without error.	W 369			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		PLE CONSTRUCTION  G	COMPLE	
		09G130	B. WIN	IG _	<del></del>	12/20	0/2007
NAME OF P	ROVIDER OR SUPPLIER			6	REET ADDRESS, CITY, STATE, ZIP CODE 520 1ST STREET, NW VASHINGTON, DC 20012		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W 369	Continued From pa	ige 16	W	369			
W 436	Based on observat facility failed to ens prescribed medicat the three clients in.  The finding include.  During the medicat conducted on Decenurse administered nebulization treatm medications were at the nurse placed to mouth and gave at the puff was not sy taking a breath in (determined if the mung as intended. 483.470(g)(2) SPA  The facility must fur and teach clients to choices about the thearing and other devices interdisciplinary teach the serior of the s	tion pass observation ember 18, 2007 at 6:15 PM, the discrete Advair and Combivent tents to Client #2. Both administered via an inhaler, the inhaler near the clients puff of medication, however, inchronized with the clients inhaling). It could not be nedication reached the clients of CE AND EQUIPMENT truish, maintain in good repair, to use and to make informed use of dentures, eyeglasses, communications aids, braces,	W	136			

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
		09G130	B. WING	<del></del>	12/20/2007		
NAME OF P	ROVIDER OR SUPPLIER	,		TREET ADDRESS, CITY, STATE, ZIP COI 6520 1ST STREET, NW WASHINGTON, DC 20012			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
W 436	repair, and teach C eyeglasses.  During the survey, wearing eyeglasses medical record on an ophthalmology of the consultation for wore prescription edirect care staff, Fanurse indicated that and the client broke Review of the Heal (HCMP) on December 7, 2007 revealed the myopia. The HCM encourage the client assist with maintent eyeglasses.  According to the Indated November 7, program in this dor 2. The facility failed hearing aid as reconsultation dated recommended an according to dated recommended and according to dated recommended according to	d to furnish, maintain in good dient #2 to use and clean her the client was not observed as. Review of the Client #2's December 19, 2007 revealed consult dated January 7, 2007 rm indicated that the client yeglasses. Interview with the acility Coordinator and day to the client wore eyeglasses at them within the last month. The Care Management Plan per 19, 2007 dated November that the client had a diagnosis of P recommended staff to to wear her eyeglasses and ance and cleanliness of dividual Program Plan (IPP) a 2007 there was no training main.	W 43	6			
	Developmental Dis	ability Services Case Manager 2007 indicated that the client					

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M		BE CONSTRUCTION	COMPLE	
		09G130	B. WIN	IG		12/20	/2007
NAME OF P	ROVIDER OR SUPPLIER			65	EET ADDRESS, CITY, STATE, ZIP CODE 20 1ST STREET, NW ASHINGTON, DC 20012		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W 436	had been in need of a hearing aid for at least the past two years from a previous provider. At the time of th survey, the client had not obtained the recommended hearing aid.		W				
W 440	1	old evacuation drills at least	W	440			
	Based on staff inte	is not met as evidenced by: rview and record review, the d evacuation drills quarterly on					
	Professional (QMF	Qualified Mental Retardation RP) on December 18, 2007 at PM revealed the following					
	1st Shift 6 AM to 2 2nd Shift 2 PM to 1 3rd Shift 10 PM to	10:30 PM					
	Weekends	·					
	1st 6 AM to 6 PM						
	staff was required on each shift. Rev revealed that the fa	with the QMRP revealed that the to conduct one drill per month riew of the fire drill log book acility failed to hold evacuation erly for each shift as evidenced					
		nrough March 2007, no drills rst shift on the weekends, and					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MI A. BUIL		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		09G130	B. WIN	G		12/2	20/2007
NAME OF P	ROVIDER OR SUPPLIER			652	ET ADDRESS, CITY, STATE, ZIP CODI 20 1ST STREET, NW ASHINGTON, DC 20012	Ξ	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
W 455	were held on week third shift during the c. October 2007 the drill were held on the third were held on the third shift during the control and communicable. There must be an prevention, control and communicable. This STANDARD Based on observation implement infection prevent communication one of the three clip the finding included the finding included the third prior as the control of the three clip the finding included the fin	g the week.  gh September 2007, no drills tend shift and the second and e week.  through December 18, 2007, no he third shift during the week.  tal Retardation Professional quarterly fire drills.  CCTION CONTROL  active program for the and investigation of infection e diseases.  is not met as evidenced by:  tion, the facility failed to us control procedures to the able infectious diseases for ients in the facility. (Client #2)  es:  co ensure that Client #2 washed sisting with dinner preparations.  2007 at 4:50 PM, direct care of the escorting Client #2 to the ith dinner preparations. Once client assisted direct care staff into cups. At no time did the not to wash her hands prior to	W4				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CL IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED				
		09G130		B. WING		12/20/2007			
NAME OF P	ROVIDER OR SUPPLIER				STATE, ZIP CODE				
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE		
1 000 INITIAL COMMENTS		1 000	*						
	December 18, 2007 The survey was init survey process. A residents were sele females with variou  The findings of this observations at the programs, interview both the group hom	ey was conducted from through December the december that was a population of the december of disabilities are survey were based of the december of the decembe	20, 2007. amental aree on of six ties. on y staff at						
l 055	55 3502.13 MEAL SERVICE / DINING AREAS		EAS	1 055					
	Each GHMRP shall train the staff in the use of proper feeding techniques and monitor their appropriate use to assist residents who require special feeding procedures or utensils.								
	Based on observat review, the failed to feeding procedures	met as evidenced by ion, staff interview and train staff in the use of the three of the three mple. (Resident's #1	nd record of proper e						
	The finding include	s:							
l		d to implement feedir f the three residents i ts #1 and #2)							
	PM, Resident #1 w direct care staff. T	18, 2007 at approximates observed being for the direct care staff ding the resident food	ed by	·					

Health Regulation Administration

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

A BUILDING  B. WING	(X3) DATE SURVEY COMPLETED	
OWNERS ADDRESS OF A STATE TO CODE	,007	
NAME OF PROVIDER OR SUPPLIER  I D I  STREET ADDRESS, CITY, STATE, ZIP CODE  6520 1ST STREET, NW  WASHINGTON, DC 20012		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION)  OUT OF THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
liquids during the meal. The resident coughed during the meal. According to the Feeding Protocol dated September 12, 2007 revealed that the direct care staff, "Do not offer beverages until after meal completion."  b. On December 18, 2007 during the dinner observation, Resident #2 was observed receiving her meal and after the resident completed her meal, the direct care staff gave the resident her liquids which included water and juice. Interview with the direct care staff indicated that the resident, Drinks all of her liquids at one time," and therefore her liquids are provided after the client completions her meal. Review of the resident's Feeding Protocol dated November 4, 2007 revealed that the resident should encouraged sips of beverage between bites and after meal completion.  2. The facility's nurse failed to use the recommended adaptive equipment for Resident #3 as evidenced by the following:  During the dinner observation on December 18, 2007 at 5:10 PM, Client #3 used a spout cup to drink her beverage. During the medication pass observation conducted on December 18, 2007 at 7:19 PM, the nurse administered medications to the client. After the client took the medication, the nurse gave the client water in a regular plastic cup. After all of the water was consumed from the plastic cup, the client asked for more water and the nurse gave her water in her spout cup. Review of the client's Individual Support Plan (ISP) dated March 7, 2007, revealed that the client was required to use a spout cup for consuming liquids.		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMB			(X2) MULTIF A. BUILDING B. WING	•		(X3) DATE SURVEY COMPLETED	
		09G130				12/2	20/2007
NAME OF P	ROVIDER OR SUPPLIER				STATE, ZIP CODE		
IDI				STREET, NV STON, DC 20			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
l 135	Continued From page 2			l 135			
l 135	3505.5 FIRE SAFETY			l 135	•		
	Each GHMRP shall conduct simulated fire drills in order to test the effectiveness of the plan at least four (4) times a year for each shift.				·		
	Based on interview GHMRP failed to e	met as evidenced by and record review the same that each shift fill four times a year.	ne				
	Interview with the Qualified Mental Retardation Professional (QMRP) on December 18, 2007 at approximately 3:00 PM revealed the following staffing schedule:			,			
	1st Shift 6 AM to 2 2nd Shift 2 PM to 1 3rd Shift 10 PM to	10:30 PM	,		·		
	Weekends						
	1st 6 AM to 6 PM	•		·:			
	the staff was requi month on each shi book revealed that	vith the QMRP reveal red to conduct one di ft. Review of the fire the facility failed to he t least quarterly for ea w:	nil per drill log nold				
		hrough March 2007, it is shift on the weeks og the week.					
	b. July 2007 throu	gh September 2007,	no drills				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUMB  09G130			(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING		(X3) DATE SURVEY COMPLETED		
		09G130		D. WING		12/2	0/2007
NAME OF P	ROVIDER OR SUPPLIER		STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
ומו				STREET, NA STON, DC 20			l
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE  MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THI DEFICIENCY)	CTIVE ACTION SHOULD BE CO	
l 135	Continued From pa	ige 3		l 135			
	were held on weekend shift and the second and third shift during the week.  c. October 2007 through December 18, 2007, no drill were held on the third shift during the week.  The Qualified Mental Retardation Professional achknowledged no quarterly fire drills.						
			ssional				
l 184	184 3508.5(a) ADMINISTRATIVE SUPPORT		l 184				
	Each GHMRP shall that shows the follow	l have an organizatio wing:	n chart				
		onents of the adminis of individuals when agency;					
	Based on review of manual and reques	met as evidenced by f the policy and procest of management sta rovide an organizatio responsibilities.	edures aff, the				
	The finding include	s:					
	entrance conference	chart was requested a ce on December 18, veyor was not provide al chart .	2007 at				
I 185	3508.5(b) ADMINIS	STRATIVE SUPPOR	τ	l 185			
	Each GHMRP shall that shows the follow	ll have an organizatio owing:	on chart			•	
	(b) The personnel components;	in charge of the prog	ram				

AND PLAN OF CORRECTION IDENTIFIC		(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI			PLE CONSTRUCTION	(X3) DATE SU COMPLE	
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I D I	ROVIDER OR SUFFLIER		6520 1ST	STREET, NV	N		
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l 185	Continued From pa	age 4		I 185		<del></del>	
	This Statute is not met as evidenced by: Based on review of the policy and procedures manual and request of management staff, the GHMRP failed to provide an organizational chart depicting titles and responsibilities.					*	
	The findings includ	le:					
·	An organizational chart was requested at the entrance conference on December 18, 2007 at 9:15 AM. This surveyor was not provided a copy or the organizational chart throughout the survey to determine persons in charge of the program components.						
l 186	3508.5(c) ADMINIS	STRATIVE SUPPOR	Ť	I 186			
	Each GHMRP sha that shows the follo	Il have an organization owing:	on chart				
	(c) The categories and direct care sta	and numbers of sup	portive				
	Based on review o manual and reque GHMRP failed to p	t met as evidenced by if the policy and procest of management stop or ovide an organization es and numbers of suff.	edures aff, the onal chart				
	The finding include	es:					
	entrance conference: 9:15 AM. This sur or the organization	chart was requested ce on December 18, veyor was not provid al chart throughout to ategories and number ect care staff.	2007 at ed a copy he survey				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED				
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I 187	Continued From pa	ige 5		l 187					
l 187	3508.5(d) ADMINISTRATIVE SUPPORT			I 187					
	Each GHMRP shall have an organization chart that shows the following:			-					
	(d) The lines of aut	hority.							
	This Statute is not met as evidenced by: Based on review of the policy and procedures manual and request made of management staff, the GHMRP failed to provide an organizational chart depicting the lines of authority.						,		
	The finding include	es:	•						
	entrance conference 9:15 AM. This sur	chart was requested a ce on December 18, veyor was not provide al chart throughout the nes of authority.	2007 at ed a copy						
1 203	3509.3 PERSONN	IEL POLICIES		1 203					
	descriptions with e	hall discuss the conte each employee at the it least annually there	beginning						
	Based on record of provide evidence the contents of job	t met as evidenced b review, the GHMRP f hat the supervisor dis descriptions with ea eginning of their emp eafter.	ailed to scussed ch						
	The finding include	es:							
	December 20, 200	sonnel files conducte 07 at approximately 1 IRP failed to provide	2:20 PM						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING		(X3) DATE SURVEY COMPLETED			
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1 203	Continued From pa	age 6		1 203				
	the supervisor discussed the contents of the job descriptions with the following staff:							
	S#1, #3, #14 and #	15.					,	
1 206	6 3509.6 PERSONNEL POLICIES			1 206	*			
	Each employee, prior to employment and annually thereafter, shall provide a physician 's certification that a health inventory has been performed and that the employee 's health status would allow him or her to perform the required duties.							
	Based on interview	met as evidenced by and record review, t ensure that all staff ha on file.	he					
	The findings includ	le:						
	December 20, 200 revealed the GHMI of current current had twelve direct care.	onnel files conducted 7 at approximately 12 RP failed to provide 6 nealth certificates for staff (S #1 and S #10 One Licensed Practiosychiatrist.	2:20 PM evidence two of 0), one					
I <b>22</b> 9	3510.5(f) STAFF T	RAINING		1 229				
	Each training proglimited to, the follow	ram shall include, but wing:	t not be					
		related to the GHMR ved including, but no						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLII IDENTIFICATION NU			(X2) MULTIP A. BUILDING B. WING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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1 229	to, behavior managrecreation, total consumes all of htterefore her liquic completions her meeding Protocol of the direct care staff in Consumes all of htterefore her liquic completions her meeding Protocol of the direct care staff in Consumes all of htterefore her liquic completions her meeding Protocol of the direct care staff in Consumes all of htterefore her liquic completions her meeding Protocol of the direct care staff in Consumes all of htterefore her liquic completions her meeding Protocol of the direct care staff in Consumes all of htterefore her liquic completions her meeding Protocol of the direct care staff in Consumes all of htterefore her liquic completions her meeding Protocol of the direct care staff in Consumes all of htterefore her liquic completions her meeding Protocol of the direct care staff in Consumes all of htterefore her liquic completions her meeding Protocol of the direct care staff in Consumes all of htterefore her liquic completions her meeding Protocol of the direct care staff in Consumes all of htterefore her liquic completions her meeding Protocol of the direct care staff in Consumes all of htterefore her liquic completions her meeding Protocol of the direct care staff in Consumes all of htterefore her liquic completions her meeding Protocol of the direct care staff in Consumer all of htterefore her liquid completions her meeding Protocol of the direct care staff in Consumer all of the direct care staff in Consumer all	gement, sexuality, numerous and a series as evidenced by fraining documents provide evidence to valicated by residents in the sample and #3)  de:  be implement feeding e clients in the sample eclients in the sample eclient eclient eclient eclient eclient completed for the client completed that the client er liquids at one time els were provided after leal. Review of the client eclient encourage sips of the eclient encourage sips of	y: , the alidate need for ole.  protocols e. (Clients nately 5:10 by direct nangable g the leal. The 2007 offer  linner sceiving I her meal, liquids ew with the t, e," and er the client slient's 007				
	2. The facility's nu	irse failed to use the					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTI	PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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1 229	During the dinner of 2007 at 5:10 PM, Of drink her beverage observation conduct 7:19 PM, the nurse the client. After the plastic cup. After a from the plastic cup water and the nurse cup. Review of the Plan (ISP) dated M	optive equipment for C	nber 18, t cup to tion pass 3, 2007 at ations to cation, ular onsumed r more her spout upport ed that the	I 229				
I 374	GHMRP shall prom guardian, his or hel no guardian, or the sponsoring agency soon as possible, f documentation no lafter the incident.  This Statute is not Based on staff inte GHMRP failed to p notification of parer incidents for one of sample.  The finding include	ces have been secur inptly notify the reside in next of kin if the resident of the representative of the of the resident's state ollowed by written no later than forty-eight of met as evidenced by rview and record revi- rovide evidence of the ints or guardians of sift the four residents in states.	ont's sident has e atus as otice and (48) hours fiew, the se prompt gnificant the	1 374				
	notification of parer incidents for one of sample.  The finding include Review of the facili	nts or guardians of si f the four residents in	gnificant the reports					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIF A. BUILDING B. WING	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
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l <b>374</b>	approximately 8:20 AM, revealed evidence that the facility failed to notify family members		nce that	1 374		·	·	
	immediately of the  a. On April 11, 200 the local emergence breath. The reside discharged on May  b. On March 17, 2 discovered a "red a #2's left heel during	following significant in the following significant significant in the following significant significan	taken to s of staff esident the nurse					
·	assessed the resident and there were no distress noted.  c. On February 22, 2007, Resident #2 was taken to the local emergency room for shortness of breath. The resident was admitted and discharged on February 27, 2007.							
1 379	each GHMRP sha Health, Health Fac unusual incident o interferes with a re arrangement, well places the residen be made by teleph followed up by writ	eporting requirement in notify the Department in notify the Department in the Substant of any revent which substant is health, well being or in any other that risk. Such notification immediately and the notification withir ours or the next work	ent of other other ntially fare, living way ation shall be	1379				
	Based on interview failed to ensure the notified of unusual	t met as evidenced by record review, the 0 e Department of Heal incidents or events bered with each reside	GHMRP alth, was that					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIE IDENTIFICATION NO.			(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING		(X3) DATE SURVEY COMPLETED		
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I 379	Continued From pa and welfare within t work day.	ge 10 wenty-four hours or t	the next	1379			
	2007 beginning at following incidents I State Agency as rea. On April 11, 200 the local emergence breath. The resided discharged on May b. On March 17, 20 discovered a "red a #2's left heel during assessed the residented.  c. On February 22, to the local emerge	ent reports on Decen 9:35 AM revealed the had not been reporte quired: 17, Resident #2 was t y room for shortness nt was admitted and	e d to the taken to cof staff sident he nurse o distress				
l 405	PROVISIONS  Professional service programs operated employed by the Gl between the GHMR including both public individual practition.  This Statute is not Based on observation review, the GHMRR.	ON SERVICES: GEN es shall be provided by the GHMRP or pound HMRP or by arrange RP and other service c and private agencie	by ersonnel ments providers, es and /: cord ofessional	I <b>40</b> 5			

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l 405	Continued From page 11			I 405			
	each resident's needs for one of the three residents in the sample. (Resident #2)  The findings include:  1. Review of Client #2's clinical records at the day program on December 18, 2007 at 11:20 AM revealed an Individual Support Plan (ISP) dated November 1, 2006. Interview with the Day Program Case Manager indicated that the day program had not yet received the new ISP. However, an ISP meeting was held in early November 2007. Further interview with the Developmental Disability Services (DDS) Case Manager indicated that the ISP had not yet been approved. After the DDS Case Manager approves the ISP, she would then forward the ISP to the day program.						
							,
	2. Review of Client #2's clinical records from the day program on December 18, 2007 at 11:20 AM revealed incidents of finger bending, screaming and skin pinching. Interview with the day program staff revealed that the client displays maladaptive behaviors of finger bending. Further interview revealed that the day program staff were baselining these maladaptive behaviors. The baseline behaviors began documentation since June 2006. According to the DDS Case Manager on December 20, 2007, she was not aware that the day program had not developed and implemented the Behavior Support Plan as recommended at the annual ISP meeting dated November 7, 2007.						
I 422	3521.3 HABILITATI	ION AND TRAINING	i	1 422			
	and assistance to re	l provide habilitation, esidents in accordan vidual Habilitation Pla	ce with				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION NUM			A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
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I 4 <b>2</b> 2	Continued From page 12			I 422				
	Based on interview GHMRP failed to e assistance was pro accordance with the for one of three res (Resident #2)  The finding include  1. During the entra 18, 2007 at 9:15 Al Nurse (LPN) revea program, part time Fridays). On Dece PM and 6:00 PM, t factility two times. 9:00 AM through 1: observed in her be	ance conference on E M with the Licensed I led that Client #2 atte (Monday, Wednesda mber 18, 2007 betwee he cli3ent walked ard On December 20, 20 200 PM, Client #2 wa droom (in the bed or bating in active treatn	December Practical ends day ay and een 4:00 bung the 007 from s					
	Interview with the direct care staff on December 19, 2007 at approximately 11:00 AM indicated that the client had a walking program to increase endurance. Review of the client's Individual Program Plan (IPP) dated November 7, 2007 revealed an objective which stated, "[the client] will ambulate two trips around the interior of the house every hour between 7 AM - 8 PM on an ongoing basis. There was no evidence that the facility implemented Client #2's walking program as indicated.					,		
	Client #2 complete was observed to re from the table and	18, 2007 at 5:20 PM, at her dinner meal, the move her dinner plate put on the kitchen concouragement. The concouragement.	e client te and cup ounter with					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED		
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I 422	staff wiped the dining room table down. Interview with the direct care staff indicated that the client enjoyed assisting the staff. Review of the client's IPP dated November 7, 2007 revealed a program objective which stated, "Given verbal directives, [the client] will clean her areas of the table after dinner on 80% of the trials recorded per month for six consecutive months by November 2008". According to the data sheet, the steps consisted of collecting plate and utensils, taking them to kitchen, collecting paper towels, wiping the table and trashing the paper towel. The direct care staff did not encourage the client to complete all the steps to complete the task.  3. On December 18, 2007 at approximately 4:30 PM, the direct care staff was observed preparing dinner which consisted of baked beans, coleslaw and ribs. At 4:50 PM, Client #2 was escorted by staff to the kitchen to assist with dinner preparations. Once in the kitchen, the client assisted direct care staff with pouring water into cups.		1 422				
			coleslaw corted by				
	the Client #2 liked preparations (making clients IPP dated Not program objective with directives, [the client vegetable salad dust trials recorded per month by November with the the direct of salad was not on the assist in the kitcher data sheet indicated should be implement per week (Monday).	lirect care staff indicato assist with dinner ng salad). Review of lovember 7, 2007 reviewhich stated, "Given which stated, "Given will assist by preparing dinner meal on 8 month for six consector 2008". Further intercare staff indicated that the menu, the client won. It should be noted that the program object and documented fire Friday). There was acility implemented Client to a six of the content of the co	f the realed a verbal aring 80% of the autive erview at when a ould "just" that the bjective ive times a no				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTI A. BUILDIN	PLE CONSTRUCTION	(X3) DATE S COMPL	
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l 422	Continued From page 14			l <b>4</b> 22			
	program as indicated.						
I 424	4 3521.5(a) HABILITATION AND TRAINING			I 424			
	Each GHMRP shall make modifications to the resident 's program at least every six (6) months or when the client:						
	(a) Has successfully completed an objective or objectives identified in the Individual Habilitation Plan;						
	This Statute is not met as evidenced by: Based on observation, staff interview and record review, the GHMRP failed to make modifications to the residents's program at least every six months when the resident has successfully completed an objective identified in the Individual Program Plan for one of the three residents in the sample. (Resident #12)						
	The finding include:	s:		I			
	The facility's QMRF program objectives	P failed to revise Clien s.	nt #1's	  - 			
	Client #1's IPP dated march 7, 2007 was reviewed on December 19, 2007 at approximately 1:30 PM. The client had a program objective which stated, "Given hand over hand assistance, [the client] will activate a tape recorded (low tech device) in response to query with 70% accuracy per session for three consecutive months as measured by active treatment documentation. Record verification of the data sheets indicated that the client achieved the established criteria in July 2007.						

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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l 441	Continued From page 15			I 441				
l 441	3521.7(k) HABILITATION AND TRAINING			I 441				
	The habilitation and training of residents by the GHMRP shall include, when appropriate, but not be limited to, the following areas:  (k) Mobility (including ambulation, transportation, mapping and orientation, and use of mobility equipment);  This Statute is not met as evidenced by: Based on observation, staff interview and record review, the GHMRP failed to ensure the habilitation of its residents included training in the area of mobility for one of the three residents in the facility. (Resident #2)							
	The finding includes	s:						
	18, 2007 at 9:15 AM Nurse (LPN) revealed program, part time ( Fridays). On Decer PM and 6:00 PM, the factility two times. Of 9:00 AM through 1:0 observed in her bed	ance conference on DM with the Licensed Pled that Client #2 atte (Monday, Wednesdamber 18, 2007 between the cli3ent walked around December 20, 200 DM, Client #2 was droom (in the bed or pating in active treatmixities.	Practical ends day and een 4:00 ung the 07 from					
	19, 2007 at approxing that the client had a endurance. Review Program Plan (IPP) revealed an objective will ambulate two triphouse every hour be	lirect care staff on De imately 11:00 AM indi a walking program to v of the client's Indivio ) dated November 7, 3 ve which stated, "[the ips around the interio between 7 AM - 8 PM ere was no evidence t	icated increase dual 2007 e client] or of the on an		·			

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING		(X3) DATE SURVEY COMPLETED	
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441	Continued From page 16			1 441			
	facility implemented Client #2's walking program as indicated.  2. On December 18, 2007 at 5:20 PM, after Client #2 completed her dinner meal, the client was observed to remove her dinner plate and cup from the table and put on the kitchen counter with direct care staff encouragement. The direct care staff wiped the dining room table down. Interview with the direct care staff indicated that the client enjoyed assisting the staff. Review of the client's IPP dated November 7, 2007 revealed a program objective which stated, "Given verbal directives, [the client] will clean her areas of the table after dinner on 80% of the trials recorded per month for six consecutive months by November 2008". According to the data sheet, the steps consisted of collecting plate and utensils, taking them to kitchen, collecting paper towels, wiping the table and trashing the paper towel. The direct care staff did not encourage the client to complete all the steps to complete the task.						
	3. On December 1 PM, the direct care dinner which consis and ribs. At 4:50 P staff to the kitchen preparations. Once assisted direct care cups.  Interview with the d the Client #2 liked preparations (makin clients IPP dated N program objective v directives, [the clien vegetable salad dur	8, 2007 at approxima staff was observed pated of baked beans, M, Client #2 was eso to assist with dinner in the kitchen, the ce staff with pouring which care staff indicate assist with dinner and salad). Review of ovember 7, 2007 revivition stated, "Given into will assist by preparing dinner meal on 8 month for six consecutions."	preparing coleslaw corted by client rater into ated that f the vealed a verbal aring 30% of the				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING		(X3) DATE SURVEY COMPLETED - 12/20/2007		
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I 441	month by November 2008". Further interview with the the direct care staff indicated that when a salad was not on the menu, the client would "just" assist in the kitchen. It should be noted that the data sheet indicated that the program objective should be implement and documented five times per week (Monday - Friday). There was no evidence that the facility implemented Client #2's program as indicated.			l <b>44</b> 1				
1 500	3523.1 RESIDENT'S RIGHTS  Each GHMRP residence director shall ensure that the rights of residents are observed and protected in accordance with D.C. Law 2-137, this chapter, and other applicable District and federal laws.		l 500					
	Based on observat review, the GHMRI protections of each The findings include	•	cord					